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APPLICANTS

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** CONTINUING DATA *No HXN* *****

** FOREIGN APPLICATIONS *No HXN* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/10/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<i>HxN</i> Examiner's Signature <i>8/18/2005</i> Initials	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 8
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TITLE
 System and method for recovering from endpoint failure in a communication session

FILING FEE RECEIVED 1502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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